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PENISTONE
URBAN DISTRICT COUNCIL.



ANNUAL REPORT

— of —

The Medical Officer of Health

for the Year

1951.



PENISTONE URBAN DISTRICT COUNCIL

HEALTH COMMITTEE. 1951

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- " G.R. TINKER.

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health.

J. McA. TAGGART, M.B., B.Ch., B.A.O., D.P.H. D.P.A.
(Resigned 31.12.51)

Sanitary Inspector.

J. HOLDSWORTH, M.S.I.A., Cert. S.I.E.J.B., Cert.M. & F.I.

PENISTONE URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year 1951

Lady and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Penistone Urban District for the year ended 31st. December, 1951.

In a circular letter dated 10th December, 1951, the Ministry of Health requested Medical Officers of Health to prepare their Annual Report on the lines of that for 1950. The Ministry have again requested that Medical Officers of Health should supply specific information about certain matters which are of more than a passing interest, and this information I have included in this report. Matters about which the Ministry want particular information are chiefly facts concerning the Local Health Authority's services under Part III of the National Health Service Act, 1946. There are other subjects about which the Ministry would like information, such as Water Supplies, Sewerage and Sewage Disposal, and the Hygiene of Food Handling. The administration of the Part III Services of the National Health Service Act, 1946 is the County Council's concern, but as Divisional Medical Officer I am locally responsible for the administration of those services within Division 22, of which Penistone Urban District is a constituent authority. I feel that it is my duty to incorporate in this review of the year's work some statistics concerning those services for your information, notwithstanding the fact that you, as a District Council, have no say in the administration of those services. The subjects of Water, Sewerage and Sewage Disposal, and Clean Food Handling have been dealt with rather more particularly in the body of the report.

The water supply in your district, with the exception of the Village of Hoylandswaine, is satisfactory. The main supply is drawn from Artesian Wells which, during the year, never failed to give a wholesome quantitatively satisfactory supply. I have mentioned Hoylandswaine. I would like to emphasise again the urgent need that exists for this Village to have a wholesome supply. A scheme has been prepared to provide a water supply, and it now awaits a decision to commence operations. I must remind you that the only safe water supply in the Village of Hoylandswaine, other than that in the lower part of the Village supplied from the standpipe provided by the Barnsley Corporation, is a series of strategically situated tanks, kept filled by water delivered in water carts from Penistone. Such a supply is always liable to break down by the misuse of the water when the tap is left turned on, the water getting warm in the very hot days, and freezing up in the very frosty days.

At the same time one must consider the sewerage and sewage disposal arrangements in Hoylandswaine. With the draining of sewage to open ditches which become virtually open sewers, a situation has arisen which cannot commend favour. I deplore this inadequate means of sewage disposal in Hoylandswaine, but am glad to know that a scheme for the establishment of Sewage Disposal Works, with a proper sewerage system, is in the course of preparation, with a possibility of it becoming operative some time next year.

The Vital Statistics for the Penistone Urban District for 1951 are reasonably favourable. The uncorrected Birth Rate has fallen to a figure considerably less than that for the Country, and less than the uncorrected rate for the aggregate of Urban Districts within the County of the West Riding. However, whilst the rate remains lower than that for the Country generally, the corrected rate for the Penistone Urban District, after application of the comparability factor, becomes 16.19, which compares favourably with the corrected rate for the aggregate of Urban Districts within the County, at 15.9.

The Still Birth Rate for the year rose slightly compared to the 1950 figure and was a higher rate than that for the Country generally.

The Crude Death Rate for the year was 13.26 per 1,000 of the estimated population, a figure higher than the rate for England and Wales generally, and for the West Riding Administrative County as a whole (12.7). The rate was lower, however, than the uncorrected rate of 13.5 for the aggregate of Urban Districts within the West Riding. The Registrar General has provided a comparability factor which, when applied to the rate for your district; gives a better picture of the situation, in that the corrected rate now becomes 11.93. This corrected figure compares favourably with the corrected rate for the administrative County as a whole (13.2) and for the aggregate of Urban Districts in the West Riding (13.6). It is still a higher rate than that for England and Wales. Of the total number of deaths, two thirds occurred in the "65 and over" age group, with 18 in the "45 - 65" group. Diseases of the circulation and vascular diseases of the nervous system accounted for three-fifths of the number of deaths.

There are two bright features, however, about the Vital Statistics. The Infantile Mortality Rate has fallen to 20.6 per 1,000 live births, compared with the very high figure of 75 per 1,000 live births in 1950. This rate is very much lower than for the County of West Riding as a whole (31.8), the aggregate of Urban District Councils within the West Riding (30.8), the average for Division 22 (26.5), and England and Wales (29.6). I always consider that the Infantile Mortality Rate is a very good index of the health of the people. The two deaths in infants in 1951 were caused by premature birth in one case, and an infection of the gastro-intestinal tract in the other. One of those deaths, that caused by an infection, was eminently preventable. This child had reached the age of six months, and then succumbed to Gastro-Enteritis. The other baby did not live a week, and had been born prematurely. I am of the opinion that better and more comprehensive Ante-Natal care is required to prevent infants being born prematurely, or in other words, before they can stand up to the rigours of birth and early life. I am also of the opinion that much can be done by instructing the Mothers in that special care required by a premature baby.

The other satisfactory feature is that the Maternal Mortality Rate for the year was again 'Nil'.

During the year the services provided by the Local Health Authority under Part III of the National Health Service Act, 1946, were used to the fullest extent within your district, with perhaps one exception. One feels that there might have been more use made of the Domestic Help Service, which does not seem to be used by the people in Penistone so much as it might be.

The Midwifery and General Nursing Services within the district were maintained at a very high level during the year. I think that it is proper that I should here make a short reference to the tragic death of one of your Nurses, Miss K.J. Mark. She was a most loyal and conscientious Nurse, and moreover a pleasant and highly respected colleague. We deplore her loss, and I would like to put on record my deep sense of gratitude for all that she did in her sphere of nursing and midwifery, and the contribution she paid to the efficient service of the Division.

In concluding this short introduction to my report, I would like to put on record my appreciation of the kindly support which I have received from the Chairman and members of the Health Committee throughout the year. To the Clerk, the Deputy Clerk, and other officials I offer my thanks for their helpful co-operation at all times. I particularly wish to offer my grateful thanks to my Sanitary Inspector Mr. Holdsworth, for his continued loyalty, and his high standard of efficient work. He has been responsible for the preparation of that part of the report under the title "Sanitary Circumstances". To Dr. J.M. Taggart I extend my thanks for his contribution to the service during 1951, and I wish him well in the new sphere of work to which he goes on the 1st. January, 1952.

I am

Your obedient servant,

J. MAIN RUSSELL.

DISTRICT STATISTICS IN BRIEF

The Penistone Urban District covers an area of 5,593 acres. The district is divided into 3 parts, Penistone, Thurlstone and Hoylandswaine.

The Rateable Value of the district at 1st April 1952 was £32,698, whilst at the same date the product of 1d. rate was £127. 10s. 4d.

VITAL STATISTICS.POPULATION

The Registrar General has given his estimation of the population at mid. 1951 as 6,406. This is an increase of 36 as compared with 1950.

BIRTHS

There were 97 live births registered in the district during the year. Of these 54 were males and 43 females. There were no illegitimate births.

The uncorrected BIRTH RATE was 15.14 per 1,000 of the estimated population. After application of the Comparability Factor (0.07) issued by the Registrar General, the corrected Birth Rate was 16.19.

STILL-BIRTHS.

There were 4 still-births registered during the year, 2 male and 2 female. This gives a rate of 41.2 per 1,000 live and still-births and 0.62 per 1,000 of the estimated population.

DEATHS.

85 deaths were attributed to the district during 1951. Of these 48 were males and 37 females.

The CRUDE DEATH RATE was, therefore, 13.26 per 1,000 of the estimated population. By application of the Death Comparability Factor (0.90) the corrected rate was 11.93.

Of the total number of deaths approximately two thirds occurred in the "65+" age group - with diseases of the Heart and Circulation being responsible for 36 of the total deaths.

PRINCIPAL CAUSES OF DEATH

<u>INFECTIVE DISEASES.</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Tuberculosis	1	-	1
Acute Poliomyelitis	-	1	1
<u>CANCER.</u>			
Malignant Neoplasm - Stomach ...	3	1	4
" " - Lungs & Bronchus	3	-	3
Other Malignant and lymphatic neoplasms	5	1	6
<u>NUTRITIONAL DISEASES</u>			
Diabetes	-	1	1
<u>NERVOUS SYSTEM</u>			
Vascular lesions of nervous system	7	7	14
<u>CIRCULATORY SYSTEM</u>			
Coronary Disease, Angina	6	-	6
Other Heart Disease	10	16	26
Other Circulatory Disease	1	3	4
<u>RESPIRATORY SYSTEM.</u>			
Influenza	1	-	1
Bronchitis	2	-	2
Other diseases of respiratory system	-	1	1
<u>GENITO-URINARY SYSTEM</u>			
Nephritis and Nephrosis	-	1	1
Hyperplasia of prostate	3	-	3
<u>INFANTS</u>			
Congenital Malformations	1	-	1
Other defined and ill-defined diseases	2	3	5
<u>VIOLENCE</u>			
Motor Vehicle Accidents	2	1	3
All other accidents	1	1	2
	<hr/>		
All causes	48	37	85
	<hr/> <hr/>		

AGE DISTRIBUTION OF DEATHS

Age Group	Male	Female
Under 1 year	1	1
1 to 2 years	-	-
2 to 5 "	3	1
5 to 15 "	-	1
15 to 25 "	-	-
25 to 45 "	3	1
45 to 65 "	13	5
Over 65 "	28	28
	<hr/>	
Total	48	37

Set out below are tables of Live Birth Rates, Still Birth Rates and Crude Death Rates, with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

RATES PER 1,000 OF THE ESTIMATED POPULATION

Year	England and Wales	126 County Boroughs and Great Towns.	148 Smaller Towns (Population 25,000 to 50,000 at 1931 Census)	London Admin- istrative County.	Penistone U.D.
<u>LIVE BIRTHS</u>					
1951	15.5	17.3	16.7	17.8	15.14
1950	15.8	17.6	16.7	17.8	16.79
1949	16.7	18.7	18.0	18.5	16.02
1948	17.9	20.0	19.2	20.1	14.7
<u>STILL BIRTHS</u>					
1951	0.36	0.45	0.38	0.37	0.62
1950	0.37	0.45	0.38	0.36	0.15
1949	0.39	0.47	0.40	0.37	0.10
1948	0.42	0.52	0.43	0.39	0.16

DEATHS (CRUDE DEATH RATES)

1951	12.5	13.4	12.5	13.1	13.26
1950	11.6	12.3	11.6	11.8	11.14
1949	11.7	12.5	11.6	12.2	13.4
1948	10.8	11.6	10.7	11.6	10.3

INFANT MORTALITY

There were 2 deaths of children under one year of age during 1951, equivalent to an Infantile Mortality Rate of 20.6 per 1,000 Live Births.

AGE DISTRIBUTION OF INFANT DEATHS

Cause of Death	Under 1 wk.	1-2 wks	2-3 wks	3-4 wks	Total under 4 wks	1-3 mths	3-6 mths	6-9 mths	9-12 mths	Total under 1-yr
Prematurity	1	-	-	-	1	-	-	-	-	1
Gastro- Enteritis	-	-	-	-	-	-	-	1	-	1

MATERNAL MORTALITY

There were no maternal deaths during the year.

EPIDEMIC DISEASES.

There was only one death in the Epidemic Diseases (other than Tuberculosis) Group during the year, the Acute Anterior Poliomyelitis Death.

INQUEST.

Inquests were held on 6 occasions and in 8 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES OTHER THAN TUBERCULOSIS.

During the year a total of 265 cases of Infectious Diseases were notified. They were as follows:-

Measles	...	...	...	...	236
Whooping Cough	...	...	...	...	17
Erysipelas	...	...	...	...	1
Scarlet Fever	...	...	...	...	2
Pneumonia	...	...	...	...	5
Acute Anterior Poliomyelitis	Paralytic				2
"	"	"	Non Paralytic		1
Meningococcal Infection	...	...			1
Total					265

ATTACK RATE OF COMMONER INFECTIOUS DISEASES

	England and Wales	148 Smaller Towns.	Penistone U.D.
Measles	14.07	14.82	36.84
Whooping Cough	3.87	4.00	2.65
Scarlet Fever.	1.11	1.20	0.31
Erysipelas.	0.14	0.12	0.15
Pneumonia.	0.99	0.96	0.78
Acute Poliomyelitis (Paralytic)	0.03	0.03	0.31
(Non Paralytic)	0.02	0.03	0.15
Meningococcal Infection	0.03	0.03	0.15

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS

AGE GROUP	Measles	Whooping Cough	Erysipelas	Scarlet Fever	Pneumonia	Poliomyelitis Paralytic	Poliomyelitis Non-Paralytic	Meningococcal Infection
Under 1 year.	6	1	-	-	-	-	-	-
1 - 2 years.	49	5	-	-	-	-	-	-
2 - 3 "	27	1	-	-	-	1	-	-
3 - 4 "	45	5	-	-	1	1	1	1
4 - 5 "	31	1	-	-	-	-	-	-
5 - 10 "	74	4	-	2	-	-	-	-
10 - 15 "	3	-	-	-	-	-	-	-
15 - 25 "	1	-	-	-	-	-	-	-
25 - 35 "	-	-	-	-	-	-	-	-
35 - 45 "	-	-	-	-	-	-	-	-
45 - 65 "	-	-	-	-	4	-	-	-
Over 65 "	-	-	1	-	-	-	-	-
TOTALS...	236	17	1	2	5	2	1	1

MEASLES

The district was visited by a relatively high incidence of Measles during 1951. In all, 236 cases were notified, equivalent to an attack rate of 36.84 per 1,000 of the estimated population. The corresponding rate for England and Wales was 14.07. The epidemic occurred chiefly in the early part of the year, 203 cases being notified in the first quarter and 30 in the second quarter. No more cases occurred until the end of the last quarter, when 3 were notified.

The outbreak began with a few cases in Thurlstone early in January, and very soon the spread of the disease reached Penistone where the bulk of the 236 cases occurred. The age groups chiefly affected were the "5 - 9" group, with 105 cases, and the "3 - 4" group, with 72 cases. It would appear, therefore, that this disease seemed to attack at "School entrant" age. In other words, the aggregating together of the 5-year old "susceptibles" could be a possible explanation for the rapid and extensive spread of the infection.

This is a very highly infectious disease and it can be a dangerous disease. Yet, it is amazing how off-hand many people are when they meet it. Children who are still infectious are allowed to intermix with their small friends, and those children mildly affected are allowed to run about, risking unpleasant complications because they are not ill enough to feel they ought to stay in bed.

During the period when the disease is prevalent, children who begin to show the signs of the disease - lassitude, cough, running eyes, etc., should be isolated in bed, in a warm, airy room, and medical advice sought. The child is infectious and should remain isolated until the Doctor says it is safe for the child to join in everyday activities with his or her friends.

WHOOPING COUGH

There were 17 cases of Whooping Cough during the year, of which 15 occurred in the middle two quarters. The attack rate for the district was 2.65 compared with a rate of 3.87 for England and Wales. This incidence in 1951 was 18 less than in 1950, and as in that year, there were no deaths and no unpleasant complications.

Like Measles, this disease is very highly infectious. The disease is spread by contact with infected persons. Those suffering from the disease are infectious from the early commencement of the cough, and so long as the cough is present there is the danger that such patients are disseminating the germs. Therefore, it is only common sense to obtain medical advice when a child develops a cough, and if that be during a period when Whooping Cough is prevalent, it is wise to isolate the case and keep it isolated until advised it is safe to resume normal activities.

SCARLET FEVER

Only 2 cases were notified during the year - half the number notified in 1950. One case occurred in the third quarter and one in the last quarter, both being admitted to Lodge Moor Isolation Hospital, Sheffield. The attack rate for England and Wales was 1.11, whilst that for your district was 0.31. Both cases made uninterrupted recoveries.

PNEUMONIA

There were five cases of Acute Primary Pneumonia notified during the year, all of whom recovered from their illness.

POLIOMYELITIS.

There were three cases of Poliomyelitis notified during the year, 2 paralytic cases, and 1 non-paralytic. One of the paralytic cases, a child slightly over 2-years old, died shortly after admission to Hospital. The other paralytic case is still in Hospital, and progress in recovery is being maintained. The non-paralytic case made a very good recovery. The attack rate for both the paralytic and non-paralytic type is higher in the Penistone Urban District than for the rest of the Country generally. Three cases is quite an incidence in a population of a little over 6,000, but there is no cause for alarm, as there was no obvious spread from the cases which did occur. On investigation no link could be found to associate one case with another, and no evidence could be obtained, on enquiry, as to the possible source of infection.

We are still in the dark as to the exact mode of transmission of this disease. We do know that it is spread from one case to another, but it has never been proved that any particular intermediary is responsible for the maintaining of the continuity of this disease from year to year. We know that the organism is found in the sewage from Towns where cases have occurred, and I believe it has been isolated from the bowel contents of patients who have recovered from the disease. There is no doubt in my mind that one of the difficulties is the healthy carrier, who can keep the disease going by transmitting the organism to a susceptible individual. It would be difficult, therefore, to advise what precautionary measures could be taken by the public to protect themselves against infection. One would suggest that during the period when the disease is prevalent it would be advisable to keep away from crowds, particularly in confined spaces, and that particular care should be taken with ones own personal hygiene. Children should have as much rest as possible, and should be encouraged to be particular in the washing of hands and general personal cleanliness.

Recently there have been comments made with reference to the association between Poliomyelitis and inoculations, such as those used in Diphtheria Immunisation. There was a tendency for alarm to be created amongst the public as a result, and in view of this a preliminary enquiry was carried out into the whole question of Inoculation and Poliomyelitis. There was evidence that inoculation within 28 days before the onset of Poliomyelitis had, in some cases, determined the site of the paralysis, and it was further suggested that such things as immunisation against Diphtheria or Whooping Cough, or vaccination against Smallpox might even convert a non-paralytic type into a paralytic type. An expert Committee was set up by the Medical Research Council to fully investigate this matter, and it was suggested that in an area where Poliomyelitis was very prevalent, any inoculations should be very carefully considered before being carried out. In your district during the year there was practically no alteration in our immunisation procedure, and there is no evidence whatever that there was any relationship between inoculation and the disease amongst the three cases who contracted the disease.

DIPHTHERIA.

There were no cases of Diphtheria notified during the year, the fifth year in succession that the district has been free from this most serious disease. It is a most satisfactory result to the years of effort on the part of practitioners of preventive medicine, using the results of medical and scientific research, when we find a disease which in 1944 in England and Wales produced over 23,000 cases, with 934 deaths, reduced in incidence to 699 cases, with 34 deaths, in 1951.

The average annual number of deaths in the Country between the years 1930 and 1940 was 2,800. This happy situation has one danger, in that the fear of Diphtheria has declined. By its continued absence there is a tendency to forget it, and neglect the routine need for immunisation. I must point out that it is because of the high degree of immunity amongst the population that the disease is kept in check. To keep this high degree of immunity there must be no slackening off in the immunisation habit. One of the most important tasks of the Health Department is the continual propaganda for Diphtheria Immunisation, and in your district every effort is taken at the Clinic and in Schools, and in personal contact through the Health Visitor the general public remain immunisation conscious. During the year 94 patients were immunised for the first time. Additional to those were 19 children who, on admission to School at 5 years, received a reinforcing dose of Antigen.

TUBERCULOSIS.

There were 2 new cases of Tuberculosis notified during the year, 1 Pulmonary and 1 Non-Pulmonary. At the year end there were on the Registrar 15 cases of Pulmonary Tuberculosis, and 4 cases of Non-Pulmonary Tuberculosis.

NEW CASES NOTIFIED DURING 1951.

Age Group	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
0 - 5 years	-	-	-	-
5 - 15 "	-	-	-	1
15 - 25 "	-	-	-	-
25 - 35 "	-	-	-	-
35 - 45 "	1	-	-	-
45 - 65 "	-	-	-	-
OVER 65 "	-	-	-	-
TOTALS.	1	-	-	1

The incidence of new cases of Tuberculosis within the Penistone Urban District during the year were very low. It is a very happy situation, as a high incidence of Tuberculosis generally indicates lowered living standards such as bad housing, under-nourishment, and lack of open spaces for playing fields. One of the most important factors in the Tuberculosis Service, so far as the District Council is concerned, is the provision of adequate housing accommodation for tubercular people. The policy is to provide for separate sleeping accommodation for the tubercular person. In the Penistone Urban District I have asked for assistance in the rehousing of a tubercular family, and I am grateful for the consideration that this recommendation received.

The Tuberculosis Service, of course, is the Regional Hospital Board Service. It is the Board's responsibility to treat this disease. It is the Local Health Authority's responsibility to do the medical social welfare work. To carry out this latter service a Health Visitor is provided exclusively to this Division, whose sole duty it is to act as medical social adviser in positive tubercular cases.

In this Division this Tuberculosis Health Visitor has a close co-operative arrangement with the Clinics which are Regional Hospital Board Clinics. The Health Visitor does visit those Clinics, and actually assists in the Clinical work on some occasions. As a result, she is armed with very much more information, and has a better understanding with the patient than she would have if she were excluded from such work in the Clinics. In Penistone the Tuberculosis Clinic is held once a fortnight, when the Chest Physician or one of his staff is in attendance. It is only an examination centre, with limited facilities. If more comprehensive examinations or tests are required, they can be carried out at the parent Clinic in Barnsley.

FOOD POISONING.

There was not a single case of Food Poisoning notified from Penistone Urban District during the year. On one or two occasions indirect information reached me that some illness was being experienced by children which might be Food Poisoning. Each set of circumstances was investigated, and on no occasion was a true case of Food Poisoning discovered. One does not accept the fact that the mere absence of any notification of Food Poisoning indicates that in effect no case occurred, but it does indicate that there was no outbreak of Food Poisoning which called for active control measures.

The problem of Food Poisoning grows ever more important. It is not dangerous to life, but rather is it more of an unpleasant nuisance and inconvenience. The feeding habits of the people have altered considerably in the decade, in that now there is hardly a family where at least one member eats out, either communally or in a Cafe. Food is being handled much more today than it used to be, and the danger of food becoming infected is directly proportional to the amount of handling it receives. It is essential, therefore, that all food handlers should be aware of the importance of adopting scrupulously clean technique in their handling of food. It has been reported that nearly half the outbreaks where food was held responsible for the spread of the outbreak, were associated with a process made up of food that had been cooked and reheated.

Really, the prevention of Food Poisoning, in the main, is not bacteriological, but is a matter of personal cleanliness on the part of the food handler, and the possession by him or her of an acute sense of his or her responsibility when handling the food. Much propaganda has been used to bring to the notice of the public the dangers of carelessness in the handling of food, and this propaganda must continue until the lesson has been learned. Every opportunity is taken by the staff of the Health Department to advise on all matters which would improve the technique of food handling, by posters in Clinics and talks to trades people. Health Visitors and Sanitary Inspectors continue to play an important part. The staff in the Central Canteen in Penistone have been made fully aware of their responsibilities, and are most assiduous in their attention to hygienic principles.

HEALTH EDUCATION.

One of the duties of the Medical Officer of Health is to take advantage of every opportunity to discuss health and, if one may say so, preventive medicine. Much of the illness to which many fall heir is due in part to ignorance of ordinary health principles. It is most important that people should understand what they should eat and how they should eat, to get the full benefit from their food. It is important that they should know how to live healthily, and after all they ought to know that because one is free from disease one is not necessarily a healthy person. Every opportunity is taken by the staff of the Health Department to teach health in Schools and Clinics, and at odd gatherings of people, or organisations who care to invite us to speak on health matters. I and my staff are always available and willing to discuss with any group or groups of people any health matter which might be of special interest at the time.

GENERAL PROVISION OF THE HEALTH SERVICES.

HOSPITALS.

The Regional Hospital Board are now responsible for providing Hospital treatment for those who require it. So far as Penistone Urban District is concerned, Infectious Diseases, if need be, are admitted to the Kendray Hospital, Barnsley, and/or the Lodge Moor Hospital, Sheffield. Maternity cases requiring Hospitalisation are admitted to the Hallamshire Maternity Home at Chapeltown, the St. Helen Hospital, Barnsley, and maybe the Princess Royal Maternity Home, Huddersfield. All general cases are usually dealt with at the Sheffield Hospitals or Barnsley Beckett Hospital.

LABORATORY FACILITIES.

The Medical Research Laboratories at Wakefield, and if need be, the City General Hospital in Sheffield, are always available to give help when any Laboratory examinations are necessary. In the event of epidemics, the Directors of those Laboratories would be available to advise and give practical help in the control of the spread of infection. In the epidemiological field, those Laboratories, with all their modern facilities, are of supreme importance.

AMBULANCE SERVICE.

The Ambulance Service for the district is based on the Depot at Hoyland. Up until November last a vehicle was stationed at a Sub-Depot at Penistone, but in view of a proposed re-organisation this vehicle has been removed to the Central Depot temporarily. The Ambulance Service now possesses a fleet of vehicles of modern design, of which four are radio-controlled. The service is improving every year, and its high standard of efficiency is a tribute to the determination of the administration to overcome the many difficulties experienced at the inception of the Service. One remembers, when the Service began, there was a seemingly overwhelming demand for Ambulance transport, and yet the Service was operating with inefficient vehicles. Now that the organisation has been established, the Service is to be congratulated on maintaining such a high standard of efficiency.

CLINICS.

A Maternity & Child Welfare Clinic is established at the Shrewsbury Road Methodist Chapel. At this Centre minor ailments amongst Schoolchildren are also treated, on Monday and Friday mornings, and the premises are used from time to time for Specialist Clinics, such as the Eye Clinic and Speech Therapy Clinic.

CHILD WELFARE CENTRE.

Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Number who attended for first time during this year.	Total number of attendances of Children up to 5-years.
Dr. M.V. Wilby & Miss A. Haigh. Miss B. Coupe.	Monday afternoon.	106	1,533

ANTE-NATAL CLINICS.

Attendances at the established Ante-Natal Clinic became so few that it was found uneconomical to continue a fixed session. Most expectant Mothers receive their Ante-Natal care from their own Doctor at his own Ante-Natal Clinic. The need, therefore, for a Clinic provided by the Local Authority is not so great. On the occasions when expectant Mothers would wish for advice from the Medical Officer for the Local Health Authority, arrangements are made for the Mother to be seen on a Monday afternoon at the Maternity and Child Welfare Clinic.

TUBERCULOSIS.

There is a Tuberculosis Clinic held in the Wesleyan Sunday School on the first and third Thursdays in each month. This Clinic covers the whole of the district, and is attended by staff from the parent Clinic in Barnsley, and by the full-time Tuberculosis Health Visitor.

VENEREAL DISEASES.

Treatment is available at Centres in Barnsley, Sheffield and Huddersfield, particulars of which are given below :-

<u>Address.</u>	<u>Days and hours of attendance.</u>	
	<u>Men.</u>	<u>Women.</u>
Barnsley, Queens Road.	Mon. 10 - 12 noon. Thurs. 4.30 - 6.30 p.m.	Mon. 5 - 7 p.m. Thurs. 2 - 4 p.m.
Huddersfield. York Place, New North Road.	Mon. & Fri. 2 - 4 p.m. 5 - 7 p.m. Wed. 10 - 12 noon & 2 - 4 p.m.	Mon. & Fri. 2 - 4 p.m. 5 - 7 p.m. Wed. 10 - 12 noon & 2 - 4 p.m.
Sheffield. City General Hospital.	-	Tues. 2 - 4 p.m.
Jessop Hospital for Women.	-	Tues. 4 - 6 p.m. Thurs. 4 - 6 p.m.
Sheffield. Royal Hospital.	Mon. & Wed. 9.30 - 12 noon. Tues. 4.30 - 6.30 p.m. Fri. 9.30 - 12 noon. 4.30 - 6.30 p.m.	Thurs. 9.30-12 noon.
Royal Infirmary.	Mon. & Thurs. 5 - 7 p.m.	Mon. 2 - 4 & 5 - 7 p.m. Thurs. 5 - 7 p.m.

MORTUARY.

The Mortuary at Penistone serves the entire area.

HEALTH VISITING.

The Penistone district is served by the following Health Visitors :-

<u>NAME.</u>	<u>ADDRESS.</u>
Miss. A. Haigh.	1, Knowle Street, Penistone.
Miss. B. Coupe. (Appointed July, 1951).	c/o Mrs. Wilkinson, Glen View, Barnsley Road, Penistone.

The two Health Visitors are part of the establishment of three which we hope to have covering the Penistone Urban and Rural Districts.

HOME NURSING.

Home Nursing was performed in your district by the following District Nurse Midwives :-

<u>NAME.</u>	<u>ADDRESS.</u>	<u>TELEPHONE NUMBER.</u>
Miss. M.A. Smith.	34, Victoria Street, Penistone.	Penistone 167.
Miss K.J. Mark. (Died 11/6/51).	34, Victoria Street, Penistone.	Penistone 167.
Miss C.M. Salmon. (Appointed 21/11/51).	34, Victoria Street, Penistone.	Penistone 167.

Those Nurses, during the year attended 100 cases, and in all paid 1,451 home visits.

MIDWIFERY SERVICE.

The Midwifery Service in the Penistone Urban District was carried out by the District Nurse Midwives mentioned above. During the year the number of visits made in connection with the Midwifery Service was 835, the total number of confinements attended being 38, 31 as Midwife and 7 as Maternity Nurse. It is as well to point out here that when compared with the 1950 figures the work done in 1951 would appear to be somewhat less. I must point out, however, that Miss Smith covered the district alone after the tragic death of her colleague until the end of November, when Miss Salmon took up duties. What relief Miss Smith had for both Home Nursing and Midwifery was received from Midwives and Home Nurses outside the Penistone Urban area. The Midwifery Service was helped by Miss Bain, of Silkstone Common, and Mrs. Bennett of Crane Moor covered some of the Home Nursing work. The Divisional Relief Midwife also helped. Any work, therefore, performed by those Nurses would be included in their respective records.

Statistics are difficult to prepare which will give the details of work done within one County District. From the Nurses' point of view there is no dividing line between Penistone Urban and Penistone Rural Districts. I think, therefore, that it would be more satisfactory to give the total amount of work performed by Nurses in the combined districts, as I did in my report for 1950. The total number of confinements attended in the Penistone Urban and Rural Districts was 81, 58 as Midwife, and 23 as Maternity Nurse. In all, a total of 1,589 visits were paid. In the Home Nursing section 180 patients were attended, involving a total of 3,164 visits.

DOMESTIC HELP SERVICE.

I mentioned in the introduction to this report that of all the services provided by the Local Health Authority the Domestic Help Service seems to be the one which is least used by the district. During the year only 5 homes were attended in Penistone, and 1,556 Domestic Help hours were expended. The number of Home Helps available in Penistone is one, and her services have been fairly well used during the year.

I think that those women who perform this service are worthy of our highest commendation. It is a wonderful sense of comfort to the one who is responsible for keeping the home going to know that if she is unable to perform her household duties because of ill health, someone can come along and take the responsibility from her until she is fit again to do it herself.

To the aged, who are lonely and sometimes not very fit to carry out the day to day duties in the home, the regular visits from the Domestic Help must be a great comfort. I am certain that from time to time the aged must be anxious as to how the ordinary household duties are to be performed, particularly when sickness or loneliness affects the home.

Perhaps it is not too well known that this service is available. I would welcome any applications for the benefits of this service, and at the same time I would welcome the offer of help from any women who would be prepared to put in a few hours a week in this most valuable work.

SANITARY CIRCUMSTANCES.

(Prepared by Mr. J. Holdsworth)

THE NUMBER AND NATURE OF INSPECTIONS MADE - 4885.

DWELLING-HOUSES:

Inspections not under Housing Regulations (including visits to new houses)	819
Inspections under Housing Regulations	45
Re-inspections not under Housing Regulations	1327
Number of visits made as a result of Complaints received .	225

NUMBER OF VISITS TO:

Slaughter Houses	...	...	...	...	...	...	...	...	7
Butchers' Shops	...	...	...	...	...	...	...	...	11
Greengrocers	...	...	...	...	...	...	...	...	7
Bakehouses	...	...	...	...	...	...	...	...	4
Cowsheds	...	...	...	...	...	...	...	...	2
Dairies	...	...	...	...	...	...	...	...	2
Other Food Premises .	...	...	...	...	...	...	...	...	36
Factories with Power	...	...	...	...	...	...	...	...	40
Elementary Schools ..	...	...	...	...	...	...	...	...	8
Market	...	...	...	...	...	...	...	...	512
Sewage Works	...	...	...	...	...	...	...	...	491
Ice-Cream Shops	...	...	...	...	...	...	...	...	17
Common Lodging Houses	...	...	...	...	...	...	...	...	2
Other Inspections or Visits	...	...	...	...	...	...	...	...	757

INFECTIOUS DISEASES:

Primary inspections re Infectious Disease	...	...	...	5
Number of rooms disinfected after Infectious Disease	...	...	...	7

DRAINAGE:

Chemical Tests applied	...	...	...	...	...	...	...	3
Water Tests applied	...	...	...	...	...	...	...	182
Colour Tests applied	...	...	...	...	...	...	...	4
New Lengths Inspected	...	...	...	...	...	...	...	260
Visits for Rodent Destruction	...	...	...	...	...	...	...	112

Total 4885

NUISANCES, ETC., ON BOOKS, WITH NUMBER OF NOTICES SERVED.

Number of Notices on books, 31st December, 1950	343
Number of Nuisances or insanitary conditions reported during the year.	672
Number of Informal Notices served during the year	672
Number of Nuisances or Insanitary Conditions abated.. .. .	712
Number of Notices not complied with 31st December, 1951	303

NOTICES NOT COMPLIED WITH INCLUDE:

Housing repairs - Housing Acts	293
Insufficient drains	1
Insanitary privies	7
Unsatisfactory sanitary accommodation	2

Total . 303

SUMMARY OF WORK CARRIED OUT

HOUSE REPAIRS:

Chimney Pots renewed	2
Roofs repaired	30
Walls repointed or repaired	11
Steps repaired	1
Wall Plaster repaired or renewed	27
Ceiling Plaster repaired or renewed	15
Cills fixed	1
Fireplaces repaired or renewed	105
Clothes Posts repaired or renewed	5
Floors repaired or renewed	7
Windows repaired or renewed	23
Fallpipes repaired or renewed	11
Eaves gutters repaired or renewed	35
Sash Cords provided	8
Draining Boards repaired or renewed	15
Doors repaired or renewed	86
Gates repaired or renewed	12
Stairs repaired	3
Banisters repaired or renewed	2
Burst Pipes repaired	51
H.W. Systems repaired	34
Sinks provided or refixed	6
Flushing Cisterns repaired, renewed or provided	74
New W.C. Pans fitted	41
W.C. Seats repaired or renewed	5
Ball Valves repaired	101
Def. taps repaired or renewed	60
Waste Pipes to sinks, lavatory basins etc. repd. or rend	15
W.C. Collars repaired	8
Soil Pipes repaired or renewed	1
Electric Circuit defects remedied	33
Washing coppers repaired or renewed	10
Gas Pipes repaired	17
Defective Ashbins replaced or additional Bins provided	79

OTHER NUISANCES ABATED:

Sewers repaired or cleared	12
Drains repaired, cleared, overhauled, re-laid or extended	50
Inspection Chambers provided or repaired	28
Ventilation shafts provided or repaired	26
Manhole Covers provided	4
Cover for Septic Tank provided	1

MILK AND FOODS:

Bakehouses limewashed	3
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SEWAGE WORKS AND SEWERAGE:

The works of improvement at Spring Vale Sewage Works are proceeding satisfactorily, and the whole of the effluent from the sludge beds, and water from storm tanks, is now re-circulated.

The purchase of a loader has made the emptying of sludge beds a much more reasonable proposition.

Thurlstone Sewage Works continued to function satisfactorily during the year.

CATTLE MARKET:

A further portion of the Cattle Market was walled in, so that the whole of the ring, and the stands for cattle on the South Side are now enclosed. These improvements are greatly appreciated by the Farmers.

The following cattle passed through the market during the year:-

	Cattle	Sheep	Pigs	Calves	Total Number of Animals
Fat Stock Markets	3816	3297	2886	2959	12,958
Dairy Markets	2054	415	794	227	3,490
TOTAL	5870	3712	3680	3186	16,448

BUILDING LICENSING:

5 Applications for Licences to erect new houses, and one supplementary licence in connection with the erection of a new house were received, all of which were approved.

5 Applications for Maintainance Licences were received, 4 of which were approved. The total value of Maintainance Licences issued was £1350.

MOVEABLE DWELLINGS:

Two licences were issued for the use of land as sites for Moveable Dwellings.

HOUSE REFUSE COLLECTION AND DISPOSAL:

This service has been carried out satisfactorily during the year, and the tip at Thurlstone Sewage Works has been kept up to standard.

SALVAGE

The sale of salvage during the year realized the sum of £558. 18. 4d.

